(070) Urban Rate Comparability Certification Compliance Approved by OMB OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Off	ficer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
I certify that I am an officer or employee of the reporting carrier form and in any attachments is accurate.	certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
	Filing Due Date for this form:				
Study Area Code of Reporting Carrier:					
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier							
I certify that (Name of Agent) carrier. I also certify that I am a authorized agent; and, to the be	Lukas, LaFuria, Gutier an officer or employee of t	rez & Sachs, LLP he reporting carrier; m	is ny responsibilitie	authorized to so s include ensuri	ubmit the Information ng compliance with	n reported on beh	alf of the reporting
Name of Authorized Agent:		Furia, Gutierrez & S		ized agent is ac	ouruto.		
Name of Reporting Carrier:		ucky Network, LLC					
Signature of Authorized Officer of	or Employee: CERTIFIED	ONLINE				Date: 06	5/13/2017
Printed name of Authorized Office	cer or Employee: Micha	ael Huffman					
Title or position of Authorized O	fficer or Employee: Fin	ancial Operations D	irector				
Telephone number of Authorized	d Officer or Employee: 60	68747550 ext.1164					
Study Area Code of Reporting Ca	rrier: 268014		Filing Due Date	for this form:	07/03/2017		
Persons willfully making fa	lse statements on this form ca	n be punished by fine or f under Title 18 of the	forfeiture under the United States Code	Communications A e, 18 U.S.C. § 1001.	Act of 1934, 47 U.S.C. §	§ 502, 503(b), or fine	e or imprisonment

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on			
data provided by the reporting carrier; and, to the best of n	ny knowledge, the information reported herein is accur	ate.	
lame of Reporting Carrier:	East Kentucky Network, LLC		
lame of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP		
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE		Date: 06/12/2017
ame of Authorized Agent Employee:	Todd Slamowitz		
tle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		
elephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.		
tudy Area Code of Reporting Carrier: 268014	Filing Due Date for this form:	07/03/2017	

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080) Triba	Lands Reporting			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
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<010>	Study Area Code		268014	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year  Contact Name - Person USAC should contact regarding	this data	2017 Todd Slamowitz	
<030> <035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif			
<142>	State			
<143>	County			
	•			
<144>	Tribal Land(s) on which ETC Serves			
				<del></del>
<145>	Tribal Government Engagement Obligation	1		
		Name of Attached	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,		le) for	
	each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal			
	government pursuant to § 54.1004 includes:			
			Select	
.11.45			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a fo community anchor institutions;	cus on Tribal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
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<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
1200	, and a support of the support of th	
<210>	Actual Completion Date	
	·	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		(Name of DDE ottock od)
	DI La	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	
		_
<218>	Network will Support 3G/4G Mobile Service ?	3G <b>(</b> 4G

|--|

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

#### T

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:				
Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients  I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I lso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.								
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP								
Name of Reporting Carrier: East Kentucky Network, LLC								
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/13/2017							
Printed name of Authorized Officer: Michael Huffman								
Title or position of Authorized Officer: Financial Operations Director								
Telephone number of Authorized Officer: 6068747550 ext.1164								
Study Area Code of Reporting Carrier: 268014	iling Due Date for this form: 07/03/2017							

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier							
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.							
Name of Reporting Carrier: East Kentucky Nets	work, LLC						
Name of Authorized Agent Firm: Luka	as, LaFuria, Gutierrez & Sachs, LLP						
Signature of Authorized Agent or Employee of Agent: C	ERTIFIED ONLINE	Date: 06/12/2017					
Name of Authorized Agent Employee:	Lukas, LaFuria, Gutierrez & Sachs, LLP						
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel						
Telephone number of Authorized Agent or Employee of Agen	t: 7035848678 ext.						
Study Area Code of Reporting Carrier: 268014	Filing Due Date for this form:	07/03/2017					
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communication 18 of the United States Code, 18 U.S.C. § 100	ns Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 01.					

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<b>(31)</b>	. <a2></a2>	<e3>&gt;</e3>	  bi>	<62>	<b3></b3>	<el>.</el>	<c2></c2>	<e3></e3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
KY	Morgan	T21175950100	0	0	0	143.13	111.64	111.64	Yes
KY				•		143.13	111.04		
		,,****							
				, ,,,,,,,,					
-									
							-		

Percentage of
<b>Total Population</b>
Reached by
Sarvica

0			

Percentage of Total Road Miles covered by Service

78			

#### East Kentucky Network, LLC

#### **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, <sup>1</sup> East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

		Annual Reporting		Avg. Burden	FCC Form Approved by OMB OMB 3060-1185 Estimate per Respondent: 18 Hours
<010>	Study Are	a Code	268016		
	Study Are		East Kentucky Network, LLC		Accentor
<020>	Program \	/ear	2017		Filed / Filed
<030>		ame: Person USAC should contact tions about this data	Todd Slamowitz		Accepted / Filed  JUN 14 2017
<035>		elephone Number: of the person identified in data line <030>	7035848678 ext.		ederal Communications Commission Office of the Secretary
<039>	Contact E Email of t	mail: he person identified in data line <030>	tslamowitz@fcclaw.com		
<040>	Has the in	nformation required pursuant to §54.1009	been provided with a Form 481 fi	ling (Y/N) <040>	•
	<041>	Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042>	Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<b>-090</b> >	Tribal Lar	ads Renorting (v/n?) /Does this study greaten	uer tribal lands? Yes or Na)		0

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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(050) Carri	er Contact Form			FCC Form 690 Approved by OMB
		200		OMB Control No. 3060-1185
				Page 2 of 8
<010>	Study Area Code	268016		
<015>	Study Area Name	East Kentucky N	etwork, LLC	
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding to	nis data Z017 Todd Slamowitz		
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif		aw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Network, LLC		
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC		
<113>	Street Address (or PO Box)	101 Technology Trail		
<114>	City	Ivel		
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		· · · · · · · · · · · · · · · · · · ·
		mmullimanwekn.com		
Contact In	formation			
CONTRACTION	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Micheal Huffman		
<121>	Filing Carrier Name	East Kentucky Network, LLC		
<122>	Street Address (or PO Box)	101 Technology Trail		
<123>	City	Ivel		_ <del></del>
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
-120-		mini indiackii. Com		
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, L	LP	
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200		
<133>	City	Tvsons		
<134>	State	VA		
<135>	Zip-Code	22102	<u>.</u>	
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696		
<138>	Email Address	tslamowitz@fcclaw.com		

	The second secon	The second secon
(060) Coverage and Performance Report		
(OCG) Correspondent Derformance Depart		FCC Form 690
HURLI COVERBRE BING FERIORINGING NEDVIL		
		Ap proved by OMB
		AUGUNESTICATION
		OMB Control No. 3060-1185
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		Page 3 of 8

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

<141>

268016\_.zip, 268016\_CPRe\_PropStudy\_KY.zip, Inasseccible Roads Demonstration\_Pike County T21195930200.zip

Coverage and Performace attachments

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<63>	<c1></c1>	<c2></c2>	<c3></c3>	. <b>⟨₫</b> ⟩
State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			(	See attach	ed works	neet			
						-			

•	0		86
		:	
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certificati	cion Compilance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
	268016	

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	77
Certification of (	fficer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting car form and in any attachments is accurate.	er; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to fil	e Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting carrier; my	responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provide	d to the authorized agent is accurate.
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sa	chs, LLP
Name of Reporting Carrier: East Kentucky Network, LLC	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017
Printed name of Authorized Officer or Employee: Michael Huffman	
Title or position of Authorized Officer or Employee: Financial Operations Dir	ector
Telephone number of Authorized Officer or Employee: 6068747550 ext.1164	
Study Area Code of Reporting Carrier: 268016	Filing Due Date for this form: 07/03/2017
	feiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nited States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	ized to File Compliance with 47 CFR §54.1009(a)	(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am autho	rized to submit the certification on behalf of the reporti	ng carrier; I have provided the data reported herein based o
data provided by the reporting carrier; and, to the best of		
Name of Reporting Carrier:	East Kentucky Network, LLC	
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Employee:	Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Age	ent: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268016	Filing Due Date for this form:	07/03/2017

		(1988) 1986 (1985) 1987 (1988) 1988 (1988) 1988 (1988) 1988 (1988) 1988 (1988) 1988 (1988) 1988 (1988) 1988 (1	
(080) Triba	Lands Reporting		FCC Form 690
			Approved by OMB OMB Control No. 3060-1185
			Page 5 of 8
<010>	Study Area Code		268016
<015>	Study Area Name		East Kentucky Network, LLC
<020>	Program Year	hie dete	2017
<030> <035>	Contact Name - Person USAC should contact regarding t Contact Telephone Number - Number of person identific		Todd Slamowitz > 7035848678 ext.
<039>	Contact Email Address - Email Address of person identifi		
<142>	State		
<143>	County		
	-		
<144>	Tribal Land(s) on which ETC Serves		
		-	
<145>	Tribal Government Engagement Obligation		
		Name of Attached Do	ocument (.pdf)
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on		for
	PDF, on line 145, demonstrates coordination with the T		
	government pursuant to § 54.1004 includes:		
		_	
			Select
21 ACS			(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	cus on Tribal	
.1 A7s		T	
<147>	Feasibility and sustainability planning;	F	
<148>	Marketing services in a culturally sensitive manner;	-	
<149>	Compliance with Rights of way processes	-	
<150>	Compliance with Land Use permitting requirements	L	
<151>	Compliance with Facilities Siting rules		
<152>	Compliance with Environmental Review processes	Γ	

<153> Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<154>

090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		1
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<del>                                     </del>
<214>	Status of Network Deployment - Deployment	<del> </del>
<215>	Status of Network Deployment - Maintenance	<del>'</del>
<216>	Project Budget Status	
<217>	Project Plan Status	
-21/	1 Opace 1 and decease	
<218>	Network will Support 3G/4G Mobile Service ?	) 3G

CONTRACTOR BUILDING TO A STATE OF THE STATE		<b>E</b> (	C Form 690
[101] Certification - Reporting Carrier			
		Δ.	oproved by OMB
		O	MB Control No. 3060-1185
		Pi	ige 7 of 8
	HOURSHOMESHARINING HOURSHOOD SHOOM		

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

#### то

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER	ARRIER IS FILING ON ITS OWN BEHALF:
Certification of Officer as to the Accuracy of the Data	Reported for Mobility Fund Recipients
I certify that I am an officer of the reporting carrier; my responsibilities include ensubest of my knowledge, the information reported on this form and in any attachmen	ring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the ts is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Description of the making false effetements on this form can be nunished by fine or for	resiture under the Communications Act of 1924, 47 U.S.C. 88 502, 503(b), or fine or imprisonment

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Page 8 of 8
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<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP also certify that I am an officer of the reporting carrier; my responsibilities include el agent; and, to the best of my knowledge, the reports and data provided to the author	
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP	
Name of Reporting Carrier: East Kentucky Network, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/13/2017
Printed name of Authorized Officer: Michael Huffman	
Title or position of Authorized Officer: Financial Operations Director	
Telephone number of Authorized Officer: 6068747550 ext.1164	
Study Area Code of Reporting Carrier: 268016 Filing D	ue Date for this form: 07/03/2017

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certific	ation of Agent Au	thorized to File for Mobility Fund Recipients on Beh	alf of Reporting Carrier
	•	uthorized to submit the reports for Mobility Fund recipients ing carrier; and, to the best of my knowledge, the informati	on behalf of the reporting carrier; I have provided the data on reported herein is accurate.
Name of Reporting Carrier:	East Kentuck	y Network, LLC	
Name of Authorized Agent Firm:		Lukas, LaFuria, Gutierrez & Sachs, LLP	
Signature of Authorized Agent or	Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Empl	oyee:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
Title or position of Authorized A	ent or Employee of A	gent FCC Legal Counsel	
Telephone number of Authorize	Agent or Employee	of Agent: 7035848678 ext.	
Study Area Code of Reporting Ca	rrier: 268016	Filing Due Date for this form:	07/03/2017
Persons willfully making fa	lse statements on this f	orm can be punished by fine or forfeiture under the Communication 18 of the United States Code, 18 U.S.C. § 100	s Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

**Attachments** 

<141>

FCC Porm 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

Certify that **Total Road** Coverage and Road Miles Resident Total Resident Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Block Newly **Newly Reached** Reached by per Census Population per **Census Block** (yes/no) by Service Reached Census Block Service Block Census Block County State Pike T21195930200 Yes 11.35 0 0 0 KY 11.35

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

86			

#### East Kentucky Network, LLC

#### **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, <sup>1</sup> East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

4. // / 4. // //	Fund - 554,1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268017	
	Study Area Name	East Kentucky Network, LLC	Accepted / Filed
<020>	Program Year	2017	, and the second
	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUN 142017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
Tarih Mahimida	anning and the second	AND SECTION OF THE SE	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filin	og (Y/N) <040> O
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	$\cap$ $\bullet$

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690
	and the second second second second			Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
<010>	Study Area Code		268017	
<015> <020>	Study Area Name		East Kentucky Network, LLC	*****
<030>	Program Year  Contact Name - Person USAC should contact regarding to	his data	2017 Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifi		7035848678 ext.	
<039>	Contact Email Address - Email Address of person identif		tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	rk, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	rk, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai	1	
<114>	City	Ivel		
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number	6067912225	·	······
<119>	Email Address	tslamowitz@fcclaw.co	07	
		tsiamowitzwicciaw.co	Out	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Networ	rk, LLC	
<122>	Street Address (or PO Box)	101 Technology Trail		
<123>	City	Ivel		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number			
<127>	Fax Number	6068747550 ext.	-	
<128>	Email Address	6067912225		
1220	Ellow Address	tslamowitz@fcclaw.co	om	
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Guti	errez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greeensboro Dri	ve, Suite 1200	
<133>	City	Tysons		
<134>	State	VA		
<135>		22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696		-
<138>	Email Address	tslamowitz@fcclaw.co	m	
	-			

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(060) Coverage and Performance R	epart		FCC Form 690 An proved by OMB
			OMB Control No. 3060-1185
			Page 3 of 8

<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

and Performance Report Year 37, 2000

-268017\_Coverage Files-1.zip, -Inasseccible Roads
Demonstration\_Pike County T21195930600-2.zip

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<b>≺a3&gt;</b>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
								-		
				9	ee attach	ed worksl	neet			
					<u>.                                    </u>					

	0		85
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

070) Urban Rate Comparability Certificat		
U/U/ Uman Kare Comparability Centikat	on Comphance	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		<b>71119 - CONDITION TO THE TAXABLE PROPERTY OF TAXABLE PROP</b>
		Page 4 of 8
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<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Off	icer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting carrie form and in any attachments is accurate.	; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, -	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

ized agent is accurate.
Date: 06/13/2017
for this form: 07/03/2017

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File Compliance with 47 CFR §54.1009(a)(4	) on Behalf of Reporting Carrier
	· · · · · · · · · · · · · · · · · · ·	carrier; I have provided the data reported herein based on
	my knowledge, the information reported herein is accurate	e.
Name of Reporting Carrier: Name of Authorized Agent Firm:	East Kentucky Network, LLC Lukas, LaFuria, Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
ame of Authorized Agent Employee:	Todd Slamowitz	
itle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
elephone number of Authorized Agent or Employee of Ag	ent: 7035848678 ext.	
tudy Area Code of Reporting Carrier: 268017	Filing Due Date for this form:	07/03/2017

ngal Talka	l Lands Reporting				Form 690
OBO) ITIDA	i canos reporting				roved by OMB
				OM	B Control No. 3060-1185
				Pag	e5of8
<010>	Study Area Code		268017		
<015>	Study Area Name		East Kentucky Netw	ork, LLC	
<020>	Program Year	.h	2017		
<030> <035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identifi		Todd Slamowitz		<del> </del>
<039>	Contact Email Address - Email Address of person identif			COM	
4.40					
<142>	State				
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
	•	·		***************************************	
					1
<145>	Tribal Government Engagement Obligation				
		Name of Attached	l Document (.pdf)		•
	If your company serves Tribal lands, please select (Yes,	No. Not Applicab	le) for		
	each of these boxes to confirm the status described on		<b>-,</b>		
	PDF, on line 145, demonstrates coordination with the 1	Tribal			
	government pursuant to § 54.1004 includes:				
			Select		
			(Yes, No, Not Applicable)		
<146>	Needs assessment and deployment planning with a foo	cus on Tribal			
	community anchor institutions;				
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
<152>	Compliance with Environmental Review processes				
<153>	Compliance with Cultural Preservation review processes	S			

00/10/0015

<154> Compliance with Tribal Business and Licensing requirements.

090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
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<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of 197 accasines)
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<del></del>
<216>	Project Budget Status	
<217>	Project Plan Status	<u></u>
<218>	Network will Support 3G/4G Mobile Service ?	) 3G <b>(</b> ) 4G

ters	orm 690
101) Certification - Reporting Carrier	ann oso
Appro	ived by OMB
OM84	Control No. 3060-1185
Page	7-40
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<010>	Study Area Code	268017 East Kentucky Network, LLC
<015>	Study Area Name	
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCCFor	m 690
1/2021 Cartification - Agent / Carrier	
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OMB Co	ontrol No. 3060-1185
Page 3	ofB

<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
	Program Year	2017
<020>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<030>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<035>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<039>	Contact Email Address - Email Address of person identified in data fine 4556	CSTANOWICZSICOZACOM

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP			
Name of Reporting Carrier: East Kentucky Network, LLC			
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/13/2017		
Printed name of Authorized Officer: Michael Huffman			
Title or position of Authorized Officer: Financial Operations Director			
Telephone number of Authorized Officer: 6068747550 ext .1164			
Study Area Code of Reporting Carrier: 268017	Filing Due Date for this form: 07/03/2017		
Persons willfully making false statements on this form can be punished by fine	ie or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment of the United States Code, 18 U.S.C. § 1001.		

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information I	behalf of the reporting carrier; I have provided the data reported herein is accurate.					
Name of Reporting Carrier: East Kentucky Network, LLC						
lame of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP						
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017					
lame of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP						
itle or position of Authorized Agent or Employee of Agent FCC Legal Counsel						
elephone number of Authorized Agent or Employee of Agent: 7035848678 ext.						
tudy Area Code of Reporting Carrier: 268017 Filing Due Date for this form:	07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Ac 18 of the United States Code, 18 U.S.C. § 1001.	rt of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title					

# **Attachments**

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

Study Area Code	268017
Study Area Name	East Kentucky Network, LLC
Program Year	2017
Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
	7035848678 ext.
Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
Coverage and Performance Report Year	01/2016 - 12/2016
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

<141>

sals	<92>	. <33>	        	<b>₹</b> 62>	<b3></b3>	<c1×< th=""><th><b>«</b>3&gt;</th><th>&lt;<b>6</b>3&gt; **</th><th><db< th=""></db<></th></c1×<>	<b>«</b> 3>	< <b>6</b> 3> **	<db< th=""></db<>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ку	Pike	T21195930600	0	0	0	13.69	11.64	11.64	Yes
KI	_		<u> </u>	<del> </del>		13.03			
				_					
						5			
	+		<u> </u>						
					1	1			

Percentage of					
<b>Total Population</b>					
Reached by					
Service					

0			

Percentage of Total Road Miles covered by Service

85		

# East Kentucky Network, LLC

#### **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, <sup>1</sup> East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).